STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002524	A. BUILDING: _____ B. WING _____	12/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KLEINERT KUTZ SURGERY CENTER IN AFFILIATION	3605 NORTHGATE CT, STE 101 NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS AAAHC Surveyor: 33212 Facility Number: 002524 Type of Survey: State Licensure Off Site AAAHC Accreditation Survey Date of AAAHC On Site Survey - ASC full survey December 10, 2012 Date of ISDH off site review - 9/11/2013 Reviewer/Surveyor -Nancy Otten RN, PHNS Based on review of the 12/10/2012 AAAHC Accreditation Survey Report, it has been determined that Kleinert Kutz/ Northgate Surgery Center meets the requirements for ASC Licensure in Indiana for 2012.	C 000		